## **COLORADO DEPARTMENT OF LABOR AND EMPLOYMENT**

# TRANSFER OF SURPLUS PROPERTY

| Date:                                    |  |                             |                      |                |                  |             |  |
|--|--|-----------------------------|----------------------|----------------|------------------|-------------|--|
| The following prop                       | perty is considered surplus and is to be t | transferred:                |                      |                |                  |             |  |
|  | TRANSFERRED F                              | TRANSFERRED FROM            |                      | TRANSFERRED TO |                  |             |  |
| Name                                     |  |                             |                      |                |                  |             |  |
| Address                                  |  |                             |                      |                |                  |             |  |
| Phone                                    |  |                             |                      |                |                  |             |  |
| Location Code                            |  |                             |                      |                |                  |             |  |
|  |  |                             |                      |                |                  |             |  |
| Deceriation                              |  | Increase to mar Nicrosch on | Carial Number        | Coot           | Condition Not We |             |  |
|  | Description                                | Inventory Number            | Serial Number        | Cost           | Working          | Not Working |  |
|  |  |                             |                      |                |                  |             |  |
|  |  |                             |                      |                |                  |             |  |
|  |  |                             |                      |                |                  |             |  |
|  |  |                             |                      |                |                  |             |  |
|  |  |                             |                      |                |                  |             |  |
|  |  |                             |                      |                |                  |             |  |
|  |  |                             |                      |                |                  |             |  |
|  |  |                             |                      |                |                  |             |  |
|  |  |                             |                      |                |                  |             |  |
|  |  | <u>—</u>                    |                      | •              |                  |             |  |
| Contributing Director/Designee Signature |  |                             | Date                 |                |                  |             |  |
|  |  |                             |                      |                |                  |             |  |
| Pocoivi                                  | ng Director/Designee Signature             |                             | Date                 |                |                  |             |  |
| Neceivii                                 | ng Director/Designee Signature             |                             | Date                 |                |                  |             |  |
|  |  |                             | CDLF                 | USE ONLY       |                  | Ī           |  |
|  |  |                             | Transfer Number      |                |                  |             |  |
|  |  |                             |                      | FROM           | ТО               |             |  |
|  |  |                             | Record Number        |                | <u> </u>         |             |  |
|  |  |                             | Check Number         |                | 1                |             |  |
|  |  |                             | Entered/Initial/Date |                |                  |             |  |

Attachment 8
Property Management PGL

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## TRANSFER OF SURPLUS PROPERTY

#### Instructions:

The Contributing Subrecipient completes the following parts of the Transfer of Surplus Property form:

**Date:** The subrecipient contributing the surplus property must complete. Enter the current date.

**Transferred From:** The subrecipient contributing the surplus property must complete. Enter the name, address, phone number of the subrecipient that currently has the surplus property. Enter the location code of where the surplus property currently is.

**Transferred To:** The subrecipient contributing the surplus property must complete. Enter the name, address, phone number of the subrecipient that the surplus property is being transferred to. Enter the location code of where the surplus property is going to.

**Description:** The subrecipient contributing the surplus property must complete. Provide a description of the surplus property being transferred.

**Inventory Number:** The subrecipient contributing the surplus property must complete. Provide the inventory number of the surplus property being transferred.

**Serial Number:** The subrecipient contributing the surplus property must complete. Provide the serial number of the surplus property being transferred.

**Cost:** The subrecipient contributing the surplus property must complete. Provide the cost of the surplus property being transferred.

**Condition:** The subrecipient contributing the surplus property must complete. Indicate, by marking the appropriate column below, whether the surplus property that is being transferred is in working or non-working condition.

**Contributing Director/Designee Signature** and **Date**: Contributing Subrecipient's Director signs and dates here.

After completion of the above, the Contributing Subrecipient must send this original form with the surplus property to the new location for the Receiving Subrecipient to sign and date.

Receiving Director/Designee Signature and Date: Receiving Subrecipient's Director signs and dates here.

The Receiving Subrecipient must submit this original Transfer of Surplus form (with completed signatures) to CDLE within 30 calendar days from the date of the transfer.